Atty. Dkt. No. 074022-3303

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

DREWES et al.

Title:

METHODS AND DEVICES FOR MASS TRANSPORT ASSISTED

OPTICAL ASSAYS

Appl. No.:

09/675,518

Appl. Filing Date:

09/29/2000

Examiner:

B. Foreman

Art Unit:

1634

CERTIFICATE OF FACSIMILE TRANSMISSION

1 hereby certify that this paper is poing facsimile transmitted to the United States Patent and Tradamark Offica, Alexandria. Vinginia on the date below. (703.872.8307)

LINE GAUTHIEL

IPrinted Name

October (Signature)

October (Signature)

October (Date of Deposit)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

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Mail Stop RCE Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

- 1. Submission required under 37 C.F.R. 61.114: (check items that apply)
 - a. Previously submitted:
 - [X] Please enter and consider the amendment/reply previously filed on <u>September</u> 10, 2003.

10/16/2003 DJACOBS 00090002 500872

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770.00 DA

Atty. Dkt. No. 074022-3303

The filing fee is calculated below:

	Claims as Amended		Previously Paid For	7	Extra Claims Present		Rate		Fee Totals
RCE Fcc 1.17(c)							\$770.00		\$770.00
Total Claims:	28	ם	41	=	0	x	\$18.00	==	\$0.00
Independents:	2		3		0	x	\$86,00	=	\$0.00
First presentat	ion of any	Μu	Itiple Depe	nde	nt Claims:	+	\$290.00	=	\$0.00
					CLAIMS	FE	E TOTAL:	==	\$770.00

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$770.00. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Oct. 13, 2003

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Respectfully submitted,

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